REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

376
Do not use this space.

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1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 376
(c) City St Louis (d) Street No. Missouri Baptist St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 35 yrs. mos. ds.

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2. PRINT FULL NAME Max Chersky
(a) Residence, No. 2608 Burd St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Late Sarah Chersky
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1872
7. AGE — YEARS 66 MONTHS 5 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Clothing
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

FATHER
13. NAME Velvel Chersky
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER
15. MAIDEN NAME Esther
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Morris Chersky 2608 Burd
18. BURIAL, CREMATION, OR REMOVAL PLACE Chevrah Radisha DATE Jan 12 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kenhandler 4469 Washington Blvd
20. FILED JAN 12 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 11 1939
22. I HEREBY CERTIFY, That I attended deceased from December 29, 1938, to January 11, 1939
I last saw him alive on January 11, 1939 Death is said to have occurred on the date stated above, at 11 45 A.m.
The principal cause of death and related causes of importance were as follows:
Unresolved - Pneumonia. Anoxemia. Date of onset 12/29

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Other contributory causes of importance:
Bronchial Pneumonia.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Henry E. Rosenberg M.D., M.D.
(Address) 4503 Page Blvd. St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, W B Oxenhandler, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed W B Oxenhandler

Licensed Embalmer No. 3669

P. O. Address Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.